

NOV 16 1937

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

88 37449

1. PLACE OF DEATH

County Clay
 Township Liberty
 City Liberty (No. 3012)

Registration District No. 201
 Primary Registration District No. 52-80-1

File No. 88
 Registered No. 37449
 St. Mo. Ward 1

2. FULL NAME

James Hughes
 (a) Residence, No. Liberty Ward 1
 (Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. 2 mos. 17 ds. How long in U. S., if of foreign birth? yrs. 17 mos. 17 ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellen U. Hughes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-29-1861

7. AGE YEARS 76 MONTHS 2 DAYS 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Mo.13. NAME Geo. Hughes14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.17. INFORMANT F. W. Matthews (ADDRESS) Liberty Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo. DATE 10-18, 193719. UNDERTAKER Heard-Barker (ADDRESS) Liberty Mo.20. FILED 10-18, 1937, E. T. Bram Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16, 193722. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1937 to Oct 16, 1937

I last saw him alive on Oct 16, 1937 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows: Myocardial Degeneration Date of onset

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) F. W. Matthews, M. D.
 (Address) Liberty Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

